

OFFICE OF CAREER AND TECHNICAL EDUCATION-SB168
REIMBURSEMENT CLAIM FORM - DUE ON 10th OF THE MONTH

GRANTEE NAME _____
 ADDRESS _____

REPORTING PERIOD _____
 FISCAL YEAR _____
 BUDGET NUMBER _____

	(A)	(B)	(C)	(D)	(E)
	APPROVED BUDGET	PREVIOUSLY CLAIMED EXPENDITURES	CURRENTLY CLAIMED EXPENDITURES	TOTAL CLAIMED EXPENDITURES	BUDGET BALANCE
[1] SALARIES/BENEFITS					
[2] SUPPLEMENTAL/ CONTRACTUAL					
[3] TRAVEL					
[4] INSTRUCTIONAL MATERIAL					
[5] EQUIPMENT (ATTACH INVENTORY)					
[6] SUB-TOTAL					
[7] GRAND TOTAL					

[8] FUNDS RECEIVED OR REQUESTED PRIOR TO
 THIS REPORT [FROM LINE 11 PREVIOUS CLAIM] \$ _____

[9] TOTAL CLAIMED EXPENDITURES (COLUMN D) \$ _____

[10] FUNDS REQUESTED THIS PERIOD
 (LINE 8 MINUS LINE 9) \$ _____

[11] TOTAL FUNDS REQUESTED OR RECEIVED THRU
 THIS REPORT PERIOD [LINE 8 PLUS LINE 10] \$ _____

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM IS IN ALL THINGS TRUE AND CORRECT AND THAT COSTS WERE INCURRED DURING THE FISCAL YEAR (JULY 1 THROUGH JUNE 30). I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF THE CIVIL RIGHTS ACT OF 1964 AND REGULATIONS ISSUED THEREUNDER REGARDING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS.

 SIGNATURE OF DESIGNATED SCHOOL OFFICIAL/TITLE

 PHONE NUMBER

 DATE